

# Nursing Voice

January 1994

## From The Editors:

It is a great honor for us, the editors of Nursing Voice, to present to you our second annual Essay Contest issue. It was with high hopes for success as well as some degree of trepidation that we launched this year's contest. How would the contest be received this year amid all the turmoil in healthcare today?

Two weeks from our deadline, we almost thought that our worst fear had indeed come true. But day by day our hopes were slowly restored as twenty-six essays and poems were submitted!

It was then that we knew the Editorial board had our work cut out for us. And what a job it was to choose the winners when each and every entry was special in its own write.

As we read each entry we found that our faith in nursing and humanity was continually renewed. The essays made us laugh. They made us cry. They made us feel the emotions the authors were feeling as they wrote. They touched our hearts and renewed in us our pride in being members of the most caring profession in the world. Very few people can boast of the

differences they have made in the lives of other human beings as nurses can. Nursing is a very special profession made of very special people. That unique, intangible yet all pervasive **caring** quality that we all possess and which binds us together as a profession was never more evident than through the work of the submitting authors. We read about the people that nurses are and who they touch. We found in each entry that **art** of nursing that cannot be explained and only a nurse could know.

Someone once said "if you would see beauty, look around you". And we looked and saw the beauty that comes from being a nurse.

The authors are a tribute to nursing and all that it encompasses and an inspiration to us all. We dedicate this issue to you, and to all nurses, and those whose lives we have yet to touch in that special way.

Susan O'Neill, RN  
Ginger Holko, RN  
Editors

## 1st Place - Not Only A Daughter



Judith Bailey

July, 1991. I've met my parents at the airport on their return from Hawaii and we're relaxing in their living room. My father asks me to look at a lump in his neck that "just sort of popped up". This is the beginning.

August, 1991. My father is prepped in the ASU and waiting to go to the OR to have the lump removed. The surgeon changes his mind and cancels the surgery. He wants an ENT physician to examine my dad before he does any surgery. My parents are upset and I'm angry. Why did we have to wait till he was **prepped** and waiting for the OR to decide that we needed another physician's opinion? I brace myself for another onslaught of questions from my parents. As the "nurse" in the family, I am expected to interpret what the doctors tell them, to explain the new medications, to give assurance, to be their resource.

The tumor in the neck is malignant and we are off to

see the oncologist. The news is not good. We drive home in silence. My brother meets us and I gently try to explain what the oncologist has told us. Inside of me, a cold hand of fear grips my heart. I want to go home and cry and scream but I can't. I have to be the "nurse".

October, 1991. My father begins radiation. The radiation oncologist and his staff are the most compassionate and caring people I have met yet through this ordeal. The nurse takes me aside and explains everything to me in full medical detail, nurse to nurse. I'm getting weary. I know that when we get home after these initial visits to the Berman Radiation Center, I will spend several more hours explaining over and over again what the staff has told my parents. I'm beginning to dread these doctor appointments.

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### 1st Place - Not Only A Daughter *(from page 1)*

December, 1991. My father has had 8 weeks worth of radiation and he's badly burned on his chest. I visit on my way home from work and I'm shocked at the extent of the burns and the pain he is experiencing. I ask him why he didn't say anything to the staff at the Berman Center. His reply: "You're my nurse and I knew you would know what to do". I call the physician and get Dad taken care of.

April, 1992. We've had a reprieve from the cancer for a few months but now a new tumor has appeared. My father has weakened significantly and is starting to realize that he is probably not going to get better. He's admitted to 5T for 16 days in May. The nursing care he receives is excellent. I decide to cover the 17th St. site while he's a patient so that I can stop in to see him while I make rounds. After three nights I'm not sure if this is a good idea. He keeps having the staff page me because he's nervous or in pain. Emotionally, I'm becoming distraught. I want to be a daughter, not a nurse.

Summer. My father calls me everyday. He keeps asking me the same questions. I'm trying to juggle a summer course, work 11-7, spend time with my husband and daughter, "be there" for my parents. I finally convince my parents that I can longer support them emotionally, that I'm too close to the situation to be objective. I beg them to call Hospice. They finally give in. The Hospice nurse comes once a week to assess my father, and give support. I decide to stay in the background - I don't want to intrude on her territory.

October, 1992. My husband, seeing how stressed out I was becoming over the past several months, is taking me to Disney World. My father is not doing well. He's lost weight and is not eating. He's having breakthrough pain despite his medications and his energy is at an all time low. I'm torn with indecision. I really want to go on my vacation but I feel as if I'm deserting

my father. My mother convinces me to go but only after I give her all the hotel phone numbers and our itinerary. I enjoy a brief respite with "Mickey" but my thoughts are constantly in Allentown.

November, 1992. It's Thanksgiving Week and while families are preparing for the holiday, my father lies comatose. Instead of going home from work at 7 am, I go to my parent's house. I meet the Hospice nurse who now comes daily. My mother has a million questions. She keeps asking me, "What will happen at the end?" I'm spending my nights off at my parents home. My fellow nursing supervisors are wonderful, filling in for me so I can have extra time off. I'm neglecting my husband and my daughter. I'm neglecting my course work for school. I want to grieve, but I have to be strong, I have to be "the nurse".

Thanksgiving morning. I receive a phone call while I'm reporting off to the head nurses who will be covering day shift. My mother asks me to come home right away. I rapidly drive to the house. My father's breathing is agonal. I'm appalled at how he looks. His hair is dirty and his skin has an oily sheen. His pajamas are wet with perspiration. He needs mouth care. I fill a pan with warm soapy water and go to work. I pull out all my Basic Nursing 101 Principles. I wash his hair, bathe him from head to toe, powder him, dress him in clean pajamas and change his sheets. I give him mouth care and pain medication. We gather by his bedside. An hour later, he stops breathing. It's over. Relief and sorrow fill my heart. And something else fills my heart, too. Pride. Pride for giving my father the best nursing care I could give in his last hour. Because, I'm not only a daughter, I am a nurse!

*Judith Bailey RN  
Nursing Supervisor, 11-7*

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### 2nd Place - Making A Difference



Maureen T.  
Smith

This is a story of young girls and their daddies, of learning and growing up to make a difference.

When I was ten years old my Daddy died of a heart attack. I was sitting next to him in a car and as his head fell on my shoulder all I could do was hold him close and cry for someone to help us. There was no one to

help make a difference for me or my family. From that day on I decided to go to school to become a nurse so that maybe one day I could be the person some little girl would need to help keep her world intact.

*Continued on page 3*



## 2nd Place - Making A Difference (from page 2)

I have worked in nursing for eight years and have seen life and death. I have told families the good news and the bad news. I have stood at bedsides and cried with wives, sons and daughters. After long and emotional shifts I have often wondered if I made a difference or if anyone can make a difference in the struggle of life and death? Recently I received an answer to the question that has haunted me for twenty years.

My future sister-in-law called me one day and asked if I would come take a look at her Daddy. He was complaining of shortness of breath and fatigue. His assessment showed pathological hypertension, irregular heartbeat, a moderate heart murmur and "indigestion". I convinced him to go to the hospital before his condition worsened. I used all of the knowledge I have acquired throughout my nursing career to try to make a difference. And what a difference it made.

He was treated for severe cor pulmonale and underwent cardiac catheterization and EPS studies. His condition was stabilized with medications and he returned home after nine days of hospitalization.

While driving to the hospital to bring him home, his daughter and I talked about the wedding that was only eight weeks away. She began to cry and said how

scared she had been that her Daddy would not be there to walk her down the aisle. With tears and the feeling of relief she thanked me for saving his life.

I cried then. I thought of myself and my life and dreams. There would be no Daddy to walk me down the aisle. No father-daughter dance for me. But there would be for her and that is the difference.

As I celebrate my brother's wedding I will watch and enjoy my sister-in-law and her Daddy. I will dance with a man who was given a second chance to beat the odds. I will dream of what might have been if someone could have helped me twenty years ago.

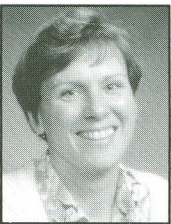
The difference can be made!

The feeling is beyond words!

Nursing is about life and death. It is about beating the odds and helping patients and families through scary times. Now when someone asks me why I became a nurse I can give them a heartfelt answer—To Make A Difference. I will remember a girl and her Daddy. I will remember her eyes and her voice as she said to me "Thank you Maureen for saving my Daddy".

*Maureen T. Smith, RN  
Special Care Unit - CC*

## 3rd Place - A Lesson Learned



Diane Fritts

It was a damp fall afternoon. As I sat in my car waiting for my patient to get home from her long hospital stay, many thoughts raced through my mind. I was anxious because she was late, I was far from anywhere familiar, and it would soon be dark. Being lost is one thing but lost in the dark can be a terrible experience. Leaving the hospital setting was a big step. The safe, familiar environment is far from the average day on the road. It's a big world out there and you are on your own. Anything can happen and just when you need something, you don't have it! Something as simple as a roll of tape or a sterile dressing can ruin your day. I mentally went through the visit one step at a time to be sure all would go well for my patient's first night home.

Ah, here they are, only an hour late. Mister B helps my patient out of the van. Her big blue eyes are electrically striking against her ruddy-yellowish complexion. Her movements are very guarded. They both

smile and invite me into their home. The warmth and friendliness surround you immediately as you step in. I help Mister B unload the goods as my patient rests. She looks very tired and stressed. She is terminal, her doctor does not give her much time. Her family wants her home as long as possible. As she rests, Mister B and I set up for her nighttime ritual of hyperalimentation. This is the beginning of a long and fruitful relationship. He needs little instruction. Bette's husband caught on quickly. He learned to care for the IV's, the pumps, and to manage troubleshooting. He managed to learn all this and keep his sense of humor as we slowly watched Bette slip away.

As time went on her pain became worse, her skin became lemon yellow and we added more tubes, pumps, and gadgets to help keep her comfortable. We had daily instructions as he learned to care for all the

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### 3rd Place - A Lesson Learned (from page 3)

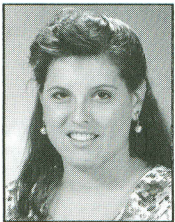
new paraphernalia with great expertise. As Mister B learned, I did likewise. He would teach me his way of doing something, often making the complicated easier. They both had such strength. Their love of life and for each other was made more obvious with every day. Their love was so great he willed her to hang in there longer than anyone imagined she could. She had good days and terrible days. As time went on, she had more bad days. On those days my visits included long talks with Mister B and listening to him read from the Bible after the care and treatments were completed. He'd pick her favorite verses or scripture that was relevant to their situation. He read to her often, even as I changed the needle in her port. His reading seemed to ease her pain and keep her calm.

They took me into their lives and I became a part of their family. We laughed and cried together, drank tea and shared recipes. I was feeling their pain as she slowly slipped away. They both taught me that where there is life there is always hope. A little love can carry someone a long way. Bette outlived her prognosis by almost six months. She fought hard but it was the love and support of her family that helped ease her daily battle. Bette died in the hospital with her loving family at her side. I feel privileged to have been a small part of their lives. I could never give back half of what they've given to me. They will live in my heart forever.

*Diane Fritts, RN  
Home Care*

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### 3rd Place - Mom, RN



Wendy J. Robb

If someone would have told me a year ago that I would be a "different" nurse after having a child, I would have disagreed vigorously. I felt I was a very good nurse: professional, caring, empathetic. I felt I was the best nurse I could be. Well, something changed since I gave birth to my son last December. I don't think I became a different nurse, but I know I practice nursing differently than I had before I experienced motherhood.

I didn't notice any great revelations at first, the technical aspect of my nursing care didn't change. I still took care of critically injured trauma patients and took pride in the manner in which I delivered the best care I knew how. The part that changed was the way in which I cared for the families of my patients.

Suddenly I could relate to the mother of a dying nine year old boy in a way that I was not able to before. I cried with her at the bedside as she professed her undying love for her son. I tried to relieve her feelings of guilt of failing to protect her child. But as a parent myself, I knew that a stranger's words would not ease her guilt, only she could grant forgiveness and make peace with herself. I could feel the grief almost as strongly as if I had lost my own son.

I can empathize with the parents of my patients, regardless of how old they are, in a more heartfelt

way. I can understand the feelings of a mother when she is in the hospital and separated from her child more sincerely. I see the anguish, the fear and the uncertainty in the eyes of parents as they stand at the bedside in a room filled with machinery and beeping alarms and I feel I can respond to their fears more sensitively than I could before.

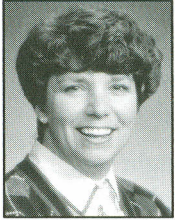
Becoming a mother has enriched my life in more ways than I could ever explain. I did not anticipate the influence it would have on the way I practice nursing. I attribute my increased sensitivity to patients' families to the experience of participating in another of life's relationships. I am now a daughter, a sister, a friend, a wife and a mother. I can understand and appreciate the dimensions of each of these roles firsthand.

I truly believe that the greatest love on earth is the unconditional love that a child and a parent share. I don't think there is a bond or a love that is stronger. Being a part of this new relationship and experiencing this love has strengthened my ability to care for the families of my patients. I have grown personally and professionally since becoming a mother and I thank my son for making me a better nurse.

*Wendy J. Robb, RN  
Shock Trauma Unit - CC*



## *Honorable Mention - "I Don't Know Nothin' 'Bout Birthing No Babies"*



Mary H.  
Alexander

Emergency nurses are notoriously ready for any emergency (the more complex the better) with one exception—the normal delivery of a newborn in their department. I have pondered this phenomena as I have traveled and worked in several different EDs. At first I thought it was unique to me—that my undergraduate education was limited in normal OB. After several years out and working in ED's in Pennsylvania, Northern and Southern California, Louisiana and Texas, I have decided that my education was just fine—it's something about ED nurses.

How many ED nurses have thought about calling a disaster when they get word that a pregnant female is about to deliver a normal newborn in their ED? Calling a disaster drill may not be such a bad idea, considering the "safety factor". In looking back at my experience in OB nursing, I really do have to go back to my nursing school days. My community health experience took place in Appalachia with an extended family which consisted of the parents, a grown daughter (who was the spokesperson for the family), and her 2 children. After two months time, on a visit in November, I suddenly realized that the grown daughter was pregnant. In trying to address all of the families' various health needs, I spoke with my instructor and asked how I should approach prenatal care when this lady refused all information on birth control, stating that she had no need for it. My instructor said that when we returned from Thanksgiving break that she would accompany me on my visit and we could approach the woman together. When I returned from Thanksgiving break, you guessed it, she had already delivered the baby. I should have known at that point that I was destined to be an ED nurse.

My experience with pregnant females was only beginning. On a quiet Saturday morning we received a call from X-ray saying we could take a patient over for studies. Since I was not busy at the time, I volunteered to push the patient over to the department. Efficiently, I pushed the wheelchair into the room and asked the patient if she could get into the wheelchair by herself, or if she needed help. She slowly got up off the stretcher, stood, and sat down in the wheelchair. There was something unique about this particular patient and being the astute ED nurse, I thought I recognized it immediately!! Asking her to sit quietly

while I went to check on something, I hurried out of the room to take a peek at her chart. Last menstrual period was filled in with the previous months date. Hmm. Deja vue. This patient looked as pregnant as the lady in my nursing school days. Because ED nurses always think best in pairs, I asked my co-worker to take a look at the patient with me. Several other staff replied that she was a private patient who had a kidney stone and only needed labs and X-rays before her private MD came to see her. (Does that sound familiar?) Once again, deja vue. Grabbing the doppler and the blue goop, we confidently stepped back into the room.

While asking the patient's mother to wait in the waiting room for a few minutes we assisted the patient back on the stretcher. Quietly, we explained to the patient that we thought she may be pregnant. My co-worker went to work on finding the fetal heart tones, while I questioned the patient on her GYN history. I listened to the patient's explanation that she had had normal periods for the past several months. She insisted she couldn't be pregnant!! Not finding fetal heart tones, my co-worker asked me to try. With control of the situation, I palpated the abdomen to determine how the baby was lying. No sooner did I put my hand softly on the patient's abdomen, when she exclaimed in a high pitched squeal, "Oh, Oh, it's here." Quickly lifting the white sheet, we were all equally surprised to see a fully formed nine pound baby boy, who thankfully responded to stimuli and took his first breath. I am happy to report that mother and baby did fine, grandmother needed oxygen (ED nurses can handle that) and the two ED nurses needed to take the rest of the day off.

I have chuckled many times to myself when I think of the consequences if I had just pushed the patient to X-ray. Mother and baby may have been fine, but the X-ray tech may not have survived the surprise.

ED nurses are a special breed—not ever to be confused with labor and delivery nurses. L&D nurses have the corner on their share of the market and will probably never need to fear about me taking their positions.

Mary H. Alexander, RN  
Emergency Department - 17



## *Honorable Mention - Ode Of An English Nurse*



Geraldine  
Thomas

A long time ago around fifty nine  
In the land of England, way back in time;  
I accepted with pride and some feelings of fear,  
My Diploma as Nurse, putting my life in full gear.

My training school was Britain's best,  
Where in Open Heart we did attest,  
To be the first in valve replacement,  
With pigs and cows becoming part of the patient.  
Before the Op. as the patient lay resting  
In hospital quiet and having his testing;  
Through windows bright he would see a view  
Of herds of cows: O.K. What's new?  
Well, these were the victims whose valves were  
diverted.  
To make a new man into whom they're inserted.

With training done and experience galore,  
To the U.S. I came to what was in store;  
Mass. General had always been my great dream,  
To work there for sure was in the mainstream.  
But what a difference I did find,  
My dreams were such: I had been blind.  
My uniforms were so out of place  
For I was used to black hose and lace.  
Here, now on another planet  
Whites are the rule....forever damn it!  
I look so good in lace and black,  
What's wrong with these folk? Do they taste lack!

Mass General did "valves" of that we all know,  
And to be part of the team had me all aglow;  
Being there at the start of the worldwide techniques,  
Was privilege indeed for many a week.

Living in Boston was an English girls thrill,  
T'was exciting and fun and great until,  
I tried to survive, and just pay the rent;  
If only I could, I'd have lived in a tent!  
In Boston the dollars you so frugally earn,  
They vanish in moments at every turn.  
There was never the money to visit the sites  
Of the greatest of Cities in Massachusites.

But then came release in the shape of my beau,  
He hooked me, to Rhode Island so fast we did go.  
We lived by the ocean with the most wonderful view,  
And I raised by hand to the Red, White and Blue.  
And then as a Yankee and no longer a Brit,  
To Lehigh we came with mate full of True Grit.

We started our business and all went so fine,  
But Mom missed the action of working, in time.  
So to the Center, I gave them my name,  
And later was called to be part of the game.

In X-Ray I started in receptionist chair,  
Where everyone teased me for accent so rare.  
Along with others of accents clear  
I came to be known as Nanny Dear.  
Me wondereth still what the Staff did before  
They had a Brit/Yankee to simply adore?

There were moments there of sheer delight  
When an aliens ways gave staff such blight;  
The Old Country was that I hold so dear,  
Were not always those of a True Pioneer.  
We laughed and we cried as friendships were made,  
As we bonded in caring, we were never afraid.  
The patient came first, we would always agree,  
The rule being always, patient, you, me.

My language is different, it belongs to the Queen,  
"oesophagus" is my way that you've never seen.  
Honour, and colour and cheque are a few,  
There's diarrhoea and halmatocrit too.  
Nursing was always the noble profession,  
The way for young ladies to make an impression.  
We care with great pride and compassion we give,  
As we laugh and we mourn, helping others to live  
To "nurse", to "care", to "give" for today,  
May be done both in England and in U.S.A.  
Our callings are one, there's nothing we lack,  
Though you wear all white and my hose are black!

As the years rolled by and with job application,  
To Purchasing I came with some trepidation.  
It's different 'tis true — we never wear whites,  
Black and lace are also not in the rites!  
I work with the nurses to help pay the dollar,  
Thats down to rock bottom so our bosses won't  
holler;  
We help choose the vendor that gives the best price,  
Either for "valves" or for "tissues" or just for "dry ice".

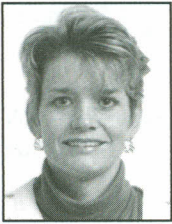
To buy and sell is one far cry,  
From bedside care, but in this I'll try  
To do my best for the patient's cure  
For this is the reason I'll always endure.  
I love the drama of Critical Nursing,  
and there's none of that in Purchasing'  
But the memories fond of black hose and lace,  
The future's still bright, and I've a smile on my face!!

Geraldine Thomas, RN  
Purchasing - CC



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## Honorable Mention - I Was Born A Nurse



Jennifer E.  
McGlynn

I was born a nurse.

I didn't become one until I was thirty-one, with a husband, two daughters, and a busy life...but I was born a nurse. I have always required an intensity in my relationships with people that only nursing can fulfill. What other profession allows you to stroll into a room and ask a total stranger what color his urine was today? And based on my role, my occupation, that total stranger will comply with my question...as well as other personal, difficult, or embarrassing questions, usually happily and comfortably. And do you know why?

Because I'm a nurse.

I represent someone who *cares*, even when people are at their physical and emotional WORST. If a patient has lost control, physically or otherwise, I'll *still* be there. If they're sad, or cranky, or whiny, or they smell bad, or they're helpless, or they're just lonely, I'll still be there. That makes me pretty amazing, doesn't it? Well, not really. It's the same thing I've done for my family for many years, and I love it. You couldn't pay some people to do what I do in a hospital, but for some people you wouldn't have to pay them at all.

That's why I know I was born a nurse.

But I will say this...nursing requires humor. Life, actually, requires humor, but since nursing is an intensified, multiplied version of life, then you **really need humor**. And I don't mean laughter at the expense of others, I mean that particular brand of humor which scoops all of us up together, makes up "universal", and gives us all a good chuckle.

If I can get a smile out of a lady with lung and stomach cancer, who just had surgery because she fractured her leg...well, that smile has a certain undisputed value to both of us.

And I still laugh when I think of the four gentlemen in a ward room. One of them was unhappy and began to complain loudly, which set off a chain reaction and tension grew until *all four* patients were upset. I accused them of a "mutiny", and they became amused by the idea. We began to pick their roles...this one was the captain, this one would be Marlon Brando...oh, we were silly! But, you know, we just needed to laugh.

Families are particularly in need of humor, since most of them are worried, tense, or exhausted. I've found that coming in with a smile and an amusing observation draws a family in and makes them feel part of things, (not in the way). One woman had four of her sisters in her room, all bearing flowers and plants. When I admonished that our hospital did not allow the "Garden Club" to visit, she proudly introduced her sisters, and there was much laughter all around.

I know there are those of you who are thinking, "who's got time for jokes and laughter and all this nonsense of chatting with patients?" I agree that the demands placed on a nurse make her job rather humorless, especially with the pressures of staff cutting and cost-containment. Time is of the essence, and there is no "standing around". But the situations that come to mind usually took less than five minutes, and occurred while I was performing required tasks, so I would have been with the patient and families anyway!

Certainly, finding something to laugh or smile about in such a high-stress occupation as nursing isn't easy. It calls for an enjoyment of people, a sense of irony, and the ability to care.

It also helps if you were born a nurse.

Jennifer E. McGlynn, RN

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## Honorable Mention - Seasons



Susan Rabe

Fall, such a beautiful time of the year. Always, this season reminds me of a drive through the countryside, many years ago, with my mother-in-law. Each scene of brilliant color would cause us to cry out to one another in sheer joy. She passed away before the next fall and I never got to share with her this brilliant season again.

Being a Home Care nurse has brought me face to

face, quite frequently, with others loss of loved ones. My feelings on death have certainly changed in the past 28 years of nursing. As a young person death seems distant, but as you grow older, reality begins to set in.

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### Honorable - Mention Seasons *(from page 7)*

Death is inevitable for everyone of us and yet when it comes it always seems to bring shock and denial. If only there was more time, just one more day, one more season. Things left unsaid that should have been said. Loved ones left behind to face life alone, putting aside plans and dreams that were shared. Life is more precious to me now after caring for so many that have passed away.

I was also made to grow up. People who are ill and in pain need support, strength, and reassurance. How easy it would be to care for those physical needs — then walk out the door, but I learned that sitting down with and caring for the patient's emotional needs is just as important, if not more so. It's not always easy to do — other patients to see, schedules to meet, but maybe there will never be another chance. Another fall. I'm not perfect and I have my regrets, but I try to respond to those needs when my heart leads me in that direction.

Each season give me a new appreciation for the joy of life. Each one more precious than the last. I do not

fear death, but feel contentment in knowing the promise of eternal life. I am then able to share this hope with my patients; that death is not the end, but another season in one's life.

*Susan Rabe, RN  
Home Care*

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## *Who Cares?*

### *We Do! Announcing Nursing Voice Photo Contest*

**Subject: Caring**

**Deadline for Entries: March 15, 1994**

Entries must be black & white or color prints no larger than 8 x 10 inches. No slides please. All entries must be accompanied by an entry form and written consent of subject (or parent or guardian). Entry forms may be obtained from the Nursing Voice Editors.

Susan O'Neill  
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Ext. 8930

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5B - CC  
Ext. 8770

Contest limited to LVH employees only.  
Members of Nursing Voice Editorial Board not eligible to participate.

Photos will be published in the Spring issue of Nursing Voice.

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